STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

8105 P F NAL

1. Name of Lobbyist	(s)Carol Steckel			RECEIVED
II. Name of lobbyist	's partnership, firm or	corporation, if any	/:	_
WellCare Hea	lth Plans, Inc			
	me of partnership, firm or o	corporation)		
	35 Henderson Road	Tampa (Town/City)	FL (State)	33634 (Zip Code)
(813) <u>206-5709</u> (Telephone)	()(Fax)	e-mail <u>carol.stec</u>	kel@wellcare.com
	overs: (Choose one – fi ransactions which are		for each client, OR you ma any one client).	y file a separate report for
X All reportable tran	nsactions occurring in th	e months prior to th	e reporting date relative to the	e following client:
We	llCare Health Plans,	Inc		
	(Full Name of Client as	it appears on the Lobb	oyist Registration Form)	
OR All reportable tran unrelated to any partic		(including the lobby	vist's family), or the lobbying	firm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017 wity from date of registration	on to 3/31/17	July 26, 2017	
	October 25, 2017 (1) activity from 7/1/17 to 9/3		January 31, 2018 X activity from 10/1/17 to 12/31/	17
			ransactions made since th Secretary of State's Office, St	
VI. Check if addition	nal reports are attached	1:		
	•		Addendum A- Fees and Ex	penses
! If you have paid a Expense Reimbursem		irsed expenses, you	must lite Addendum B- Rep	port of Honorariums or
. If you, your firm,	or your family has mad-	e political contribut	ions, you must file Addendur	m C- Political Contributions
I have read RSA 15, I	firmation by Lobbyist RSA 15-B, RSA 14-C an est of my knowledge and		eby swear or affirm that the fo	
(Signature of lobbyis	t)		1/18/18 (Date	2)
Carol Steckel				RECEIVED
(Print Name of lobby	vist)			JAN 1 9 2018

NEW HAMPSHIRE DEPARTMENT OF STATE